

BETHEL HOME

225 NORTH EAGLE STREET

OSHKOSH 54902 Phone: (920) 235-4653

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/01): 200

Total Licensed Bed Capacity (12/31/01): 200

Number of Residents on 12/31/01: 190

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

Nonprofit Church

Skilled

Yes

Yes

Yes

193

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		31.6
Supp. Home Care-Personal Care	No					1 - 4 Years		45.8
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.1	More Than 4 Years		22.6
Day Services	No	Mental Illness (Org./Psy)	25.8	65 - 74	4.2			-----
Respite Care	No	Mental Illness (Other)	11.6	75 - 84	24.7			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	51.6	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	18.4	Full-Time Equivalent		
Congregate Meals	Yes	Cancer	1.6		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	4.2		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	20.0	65 & Over	98.9	-----		
Transportation	No	Cerebrovascular	15.8		-----	RNs		15.2
Referral Service	No	Diabetes	4.2	Sex	%	LPNs		5.0
Other Services	Yes	Respiratory	2.1		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	14.7	Male	14.2	Aides, & Orderlies		
Mentally Ill	No		-----	Female	85.8			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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## Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other		Private Pay			Family Care		Managed Care			Total Resi- dents	% Of All		
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%			Per Di em (\$)	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	12	100.0	311	92	97.9	104	0	0.0	0	80	95.2	150	0	0.0	0	0	0.0	0	184	96.8
Intermediate	---	---	---	2	2.1	86	0	0.0	0	4	4.8	138	0	0.0	0	0	0.0	0	6	3.2
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	12	100.0		94	100.0		0	0.0		84	100.0		0	0.0		0	0.0		190	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent			
Private Home/With Home Health	5.1	Bathing	0.0	75.8	24.2	190
Other Nursing Homes	2.6	Dressing	9.5	74.7	15.8	190
Acute Care Hospitals	88.7	Transferring	24.2	52.1	23.7	190
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	18.9	56.8	24.2	190
Rehabilitation Hospitals	0.0	Eating	52.1	42.1	5.8	190
Other Locations	3.6	*****				
Total Number of Admissions	195	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	5.8	Receiving Respiratory Care		4.2
Private Home/No Home Health	41.1	Occ/Freq. Incontinent of Bladder	56.3	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	7.1	Occ/Freq. Incontinent of Bowel	27.4	Receiving Suctioning		0.0
Other Nursing Homes	2.5			Receiving Ostomy Care		1.1
Acute Care Hospitals	5.1	Mobility		Receiving Tube Feeding		1.6
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	7.4	Receiving Mechanically Altered Diets		15.3
Rehabilitation Hospitals	0.0					
Other Locations	6.6	Skin Care		Other Resident Characteristics		
Deaths	37.6	With Pressure Sores	3.2	Have Advance Directives		98.4
Total Number of Discharges		With Rashes	5.8	Medications		
(Including Deaths)	197			Receiving Psychoactive Drugs		51.1

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities  
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	This Facility %	Ownership: Nonprofit Peer Group Ratio %	Bed Size: 200+ Peer Group Ratio %	Licensure: Skilled Peer Group Ratio %	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.5	89.4	1.08	84.7	1.14	84.6
Current Residents from In-County	97.9	82.7	1.18	82.2	1.19	82.7
Admissions from In-County, Still Residing	29.2	25.4	1.15	22.3	1.31	21.6
Admissions/Average Daily Census	101.0	117.0	0.86	89.0	1.14	137.9
Discharges/Average Daily Census	102.1	116.8	0.87	93.1	1.10	139.0
Discharges To Private Residence/Average Daily Census	49.2	42.1	1.17	37.0	1.33	55.2
Residents Receiving Skilled Care	96.8	93.4	1.04	89.9	1.08	91.8
Residents Aged 65 and Older	98.9	96.2	1.03	87.3	1.13	92.5
Title 19 (Medicaid) Funded Residents	49.5	57.0	0.87	73.2	0.68	64.3
Private Pay Funded Residents	44.2	35.6	1.24	19.8	2.24	25.6
Developmentally Disabled Residents	0.0	0.6	0.00	2.4	0.00	1.2
Mentally Ill Residents	37.4	37.4	1.00	42.5	0.88	37.4
General Medical Service Residents	14.7	21.4	0.69	25.0	0.59	21.2
Impaired ADL (Mean)	48.9	51.7	0.95	51.7	0.95	49.6
Psychological Problems	51.1	52.8	0.97	59.8	0.85	54.1
Nursing Care Required (Mean)	3.9	6.4	0.61	7.3	0.53	6.5